IDAHO COMMISSION FOR LIBRARIES
LIBRARY SERVICES AND TECHNOLOGY ACT (LSTA)
MINI-GRANT APPLICATION- UNDERSERVED - COVER SHEET

Applicant: _____

Address: _____ City: _____ Zip: _____

Project Name: _____

Contact Person/Title: _____

Phone & E-mail: _____

Community Partner(s): _____

Partner Contact Person/Title: _____

This application is for: ☐ **Planning a project** ☐ **Implementing a project**

Check the LSTA Priority under 1, 2, or 3 that applies to your project:

#2. Services for Lifelong Learning

  ○ *Expanding services for learning and access to information and educational resources in a variety of formats in all types of libraries for individuals of all ages;*

  ○ *Developing public and private partnerships with other agencies and community-based organizations;*

#3. Services to Persons Having Difficulty Using Libraries

  ○ *Targeting library services to individuals of diverse geographic, cultural, and socioeconomic backgrounds, to individuals with disabilities, and to individuals with limited functional literacy or information skills;*

  ○ *Targeting library and information services to persons having difficulty using a library and to underserved urban and rural communities, including children (from birth through age 17) from families with incomes below the poverty line;*

This application is for: ☐ Read to Me Project ☐ Another underserved audience

☐ I have discussed this project with the following Commission for Libraries consultant as required: Consultant Name: _____ Date: ___

Budget Summary: LSTA: (maximum 75% of total) $ _____
                 Local match (minimum 25% of total): $ _____
                 Total: $ _____

SIGNATURE AND CERTIFICATION:
All participating libraries and other entities must sign copies of this certification: **We are aware of, and agree to comply with, the federally mandated assurances enumerated in the Civil Rights Certificate, OMB Circulars 2 CFR Part 220, 225, and 230, and are compliant with Commission for Libraries' eligibility requirements for LSTA.**

_____   _____   _____
Appropriate Signature   Title   Date

_____   _____   _____
Appropriate Signature   Title   Date

SIGNATURE OF COMMUNITY PARTNER: We are aware of, and agree to participate in, the project as outlined in this application and/or our letter of support.

Primary Community Partner Contact/Organization   Date

Printed name of signature above   Date

REQUIREMENTS FOR LSTA MINIGRANT APPLICATION

Please use 12-point Times Roman or Arial font for all application materials. Do not bind or cover. Staple all application materials together: the application Cover Sheet and one each of the items listed below. For **Competitive Draft & Final applications**, submit 1 set of original documents with original signatures and 13 sets of copies. For the **Just in Time Application**, submit 1 set of original documents and 8 copies.

Eligibility Checklist: *(Appendix A of this Guide)* Send one signed Eligibility Checklist with original signatures for each participant or consortium.
➢ If the application is being made by single libraries, one cover sheet for the library **signed by a representative from the partner organization**.
➢ If the application is being made by one library on behalf of a group of libraries, <u>each participant</u> must complete a **Cover Sheet** and the Eligibility Checklist.
➢ If a <u>pre-qualified</u> consortium is making the application, a **Cover Sheet** signed by Consortia officials and a representative from the partner organization and the **Eligibility Checklist** must be completed for the consortium

Application consists of:
□   Eligibility Checklist for each appropriate library identified above *(Refer to page 21 of this guide to assist you in identifying Appropriate Signatures.)*
□   Mini-Grant Application - Cover Sheet
□   Application Narrative 1 – 10 *(Identify the answers to each of the sub-parts on separate paper)*
□   Proposed Project Budget *(If personnel expenses are part of the total project budget, the Project Related Personnel Costs form must be completed and accompanied by a job description for each position identified.)*
□   Project Related Personnel Costs –
□   Job Description(s) –
□   Letter of Support from your primary partner(s)
□   LSTA Outcomes Logic Model *(The outcome logic model is **<u>not required</u>**. More information on page 14.)*
□   Appropriate Appendix *(See your library consultant for guidance):*
  □   Appendix B – General Requirement for All Projects *(Read and understand)*
  □   Appendix C – Requirements for Just-In-Time Projects
  □   Appendix H – Requirements for Mini-Grant Underserved Projects

Application Instructions:
• Answer each of the questions in the narrative portion of the application as clearly and completely as possible.
• Format your responses identifying the question number, letter, and reiterating the questions for ease of reading.
• Write your response with the assumption that the application reader knows nothing about your library or your project.
• For your convenience, this application form is provided in Word format on the ICFL website at http://libraries.idaho.gov/forlibs-lsta#docs.
• The completed application must be received by the Idaho Commission for Libraries at least 6 weeks prior to any scheduled implementation date of the program.

- Send the application materials to: **Grants Contracts Officer, Idaho Commission for Libraries, 325 West State Street, Boise, Idaho 83702-6072**

MINI-GRANT APPLICATION NARRATIVE

1. **PROJECT DESCRIPTION** *(Page 11-12 for assistance)*

   Provide a brief 300 words or less, description of this project responding to the following questions in a narrative format:

   A. What do you plan to do?
   B. How do you plan to do it?
   C. What difference will this project make and why?

2. **NEED** *(Page 12 for assistance)*

   Describe and document the need in your community for the proposed project.

   A. What need or problem will the project address?
   B. How did the library assess this need?

3. **TARGET AUDIENCE**

   A. Describe the target audience and estimate its size.
   B. If you are providing service to people living outside your library jurisdiction, describe how you are working with their libraries or how nonresident library cards will be paid for.

4. **PARTNERSHIPS**

   List your community partner(s) [agencies, organizations, or service providers who serve the target audience you are planning to reach] and tell how you will work together to support your proposed project.

5. **REGIONAL/STATEWIDE IMPACT** *(Page 13 for assistance)*

   A. How will the project help create Idaho's vision of libraries in 2020 and meet the priorities for LSTA identified on page 5?
   B. Describe how you and your partners will share information about your project with other libraries and interested organizations.

6. **PLANNING AND SUSTAINABILITY** *(Page 13 for assistance)*

   A. Cite the objective and activity in each library's (or consortium's) strategic plan supporting this project.
   B. Describe the kinds of services your library currently provides for this target audience and how the proposed project would build, enhance or fill the gaps in your services.
   C. Describe how your library's resources (collection, staff expertise, services/programs, facilities, etc.) will contribute to the success of your proposed project.

    D. Briefly, describe how the library will continue this project, if successful, after the grant project year ends, and possible sources of funding.

7.   **OBJECTIVES** *(Page 13 for assistance)*

    A. What are the objectives or expected outcomes of the activities of the project?
    B. How will the target audience, described in question III above, benefit from the project?
    C. One objective must address how the library will continue the project after the grant period is over.

8.   **EVALUATION** *(Page 13-14 for assistance)*

Describe how you will know if your project is successful.
    A. How will you evaluate the impact of your project on the need described above? What are the outcomes for the target audience?
    B. Describe both the evaluation method or process, and the evaluative criteria. The evaluation must relate directly to the need (see question VI above) and the objectives (see question VII above).
    A. How will you use the results of your evaluation? **Once the evaluation of the project is completed, a copy of that evaluation <u>must</u> accompany the projects "Final Project Evaluation & Summary" report submitted to ICFL.**

9.   **SERVICE PLAN AND OUTREACH**

    A. Describe the services you plan to implement and who will be responsible for carrying out the activities.
    B. How will you reach members of the target audience who are not already library users?
    C. Describe staff training and informing the public, where appropriate.

10.   **TIMELINE, ACTIVITIES AND BUDGET EXPLANATION** *(Page 15 for assistance)*

    A. Maximum LSTA grant award is $5,000.
    B. Total project budget must include at least 25% local or non-federal matching funds ($6,667 Total Project Budget = maximum $5,000 LSTA + minimum $1,667 match).
    C. Develop a timeline which details the activities necessary to make this project successful and when activities will take place. Incorporate when expenditures of funds will occur and in what amounts, both LSTA and Local.

MINI-GRANT
PROPOSED PROJECT BUDGET

Applicant: _____

Project Name: _____

BUDGET CATEGORIES	LSTA GRANT FUNDS	LOCAL MATCH*	PROJECT TOTAL (A + B)
	A	**B**	**C**
Personnel**			
Fringe Benefits			
Travel			
Equipment			
Supplies			
Contractual			
Library Materials			
TOTAL	$	$	$

* Local cash match must be a minimum of 25% of the total project budget; maximum $5,000 LSTA grant + minimum $1,667 local match = $6,667 total project budget.

** If your budget includes personnel costs, provide a breakdown of the personnel and fringe benefits costs using the PROJECT RELATED PERSONNEL COSTS form on the back of this page.

** LSTA funds can only be used to pay personnel costs for hours worked above and beyond current workload (up to a maximum of 40 hours per week or 1 FTE per individual), or for a new employee hired specifically for this project or service.

PROJECT RELATED PERSONNEL COSTS *(Refer to page 16-17 for assistance)*

Length of project duration in weeks= _____ (A)

SALARIES

Position Title	(B) Total # of Hrs/wk. Usual & Customary for this position	(C) # of additional Hours/wk due to grant	(D) Total Hrs/wk. B + C (cannot exceed 40 hrs. / wk.)	(E) Hourly Rate usual & customary for each position	(F) Total Salary (B+CxAxE) *	(G) Added Salary due to grant (CxAxE) *	(H) LSTA Amt. (Additional Hrs. Only) (G) LSTA (75%)	(I) Local Match Amt. (Additional Hrs. Only) (G) Local (25%)
Total Salaries								

Fringe Benefits

Position	Unemployment Insurance on a % of Payroll Basis only = .001 **	Worker's Comp Rate = .0046	FICA Rate = .0765	Retirement Rate =	Health Insurance Rate =	Other Rate =	Total Benefits

* Enter Salary and Benefit totals on the Proposed Budget for LSTA and Local Match.

** Unemployment insurance must be paid from the grant on a percent of payroll basis. For libraries paying insurance on a cost basis, any claim costs are the responsibility of the library.

Grant funds can be used to pay personnel costs for hours worked on a grant project over and above an employee's usual and customary working hours. The usual working hours and the additional hours may not exceed 40 hrs. per week or 1 FTE. If necessary, new employees can be hired at the salary usual and customary for the position description. Refer to **PERSONNEL COSTS** in this guide for more information. Salaries reported must be actual current salary levels.

List all project related positions funded by LSTA and matching funds. Report the number of increased hours projected per week, the number of weeks to be worked, hourly rate, gross salary and total benefits for each position. Attach a current job description for each position listed, adding at the bottom of the description the changes that will occur for that position as a result of the grant, i.e. increased hours, what duties will be taken away or added etc.

LSTA OUTCOMES LOGIC MODEL

(Refer to page 14 in this guide for more information. Applicants are not required to evaluate using this method.

Project Name: _____

Library: _____

Program Purpose: *(Keep this simple, just answer the question.* We do what, for whom, for what outcome or benefit.*)*

OUTCOMES	ACTIVITIES	OUTPUTS	EVALUATION		
			INDICATORS	DATA SOURCE	DATA INTERVAL
(A change in the target audiences skill, knowledge, attitude, behavior, status or life condition as a result of your project or program.)	*(What activities must take place to achieve the identified outcome?)*	*(What are some of the statistics the activity will generate?)* *Ex: # of participants, increase in circulation?*	*(When will you know if you have reached success?)* *Ex: # or % increase in participation. 15 or (15/20) 75% increase in participation.*	*(Where will the statistics come from to demonstrate success?)* *Ex: participant lists*	*(How often will you evaluate the statistics?)* *Ex: monthly, semi-annual, annual.*

IDAHO COMMISSION FOR LIBRARIES
LIBRARY SERVICES AND TECHNOLOGY ACT (LSTA)
FY 2009 ADVOCACY GRANT APPLICATION FORM

Applicant: _____

_____

Address: _____City_____

_____Zip_____

Project Name: _____

_____

Contact Person/ Title: _____

_____

Daytime phone _____   E-mail:_____

_____

Beginning date of project _____   Ending date of

project _____

Project costs: LSTA request: (max 75% of total) $

_____

                *Local match (min. 25% of total): $

_____   Total Project: $

_____

* Match requirement identified on project appendix.

- -

SIGNATURE AND CERTIFICATION:
All participating libraries and other entities must sign copies of this certification: **We are aware of, and agree to comply with, the federally mandated assurances enumerated in the Civil Rights Certificate, OMB Circulars 2 CFR Part 220, 225, and 230, and are compliant with Commission for Libraries' eligibility requirements for LSTA.**

Appropriate Signature	Title
Date	
Appropriate Signature	Title
Date	

Refer to page 18 of the guide to assist you in identifying Appropriate Signatures

Commission for Libraries Use Only

Approved   Date

Not approved   Date

Advocacy Grant Application 2009

The purpose of an advocacy grant is to increase your target audience's awareness of programs and services.

TO COMPLETE THIS APPLICATION:

1. Type your answers to questions (1, 2a and 5 below on a separate sheet.)

2. Complete the forms:

    A. Program Purpose

    B. Program Model

    C. Marketing Plan or a copy of the advertising/design agency Request for Proposal or bid specifications

    D. Measuring Success form

    E. Summary Budget form

    F. Project Related Personnel Costs (Submit this only if you are using staff hours as match and include a job description for project-related position(s) see PERSONNEL COSTS and JOB DESCRIPTIONS page14-15.

3. Complete and sign 1 copy of the Certificates (see Certifications in this Guide); submit each with an original signature.

    A. Civil Rights Certificate

    B. Certification Regarding Debarment

4. Send three 3 copies Application and attachments (1 with original signatures) and 1 copy of the Certifications (each with an original signature to: Advocacy & Marketing Consultant, Idaho Commission for Libraries, 325 W. State Street, Boise, ID 83702-6072

APPLICATION QUESTIONS:

1. Mission statement and long range plan (no more than 1 page double spaced)
    How does this marketing effort fit into your mission statement and long range plan?

2. Indicate your willingness to:
    o Submit a completed Advocacy/Marketing Final Report (including the program purpose and program model). Include your final Marketing Plan or a copy of the advertising/design agency plan to the Idaho Commission for Libraries.
    o Submit any materials developed (survey instruments, summaries, demographic findings, brochures, press coverage, web URL, etc.).   All projects published electronically or in print must run the following statement: **Funded in part by the Institute of Museum and Library Services administered by the Idaho Commission for Libraries [date].**

Program Purpose—Sample

We do what ? (The services and activities of the program you want to market)

Provide quality Summer Reading programs and materials to residents in our area.

For whom? (Your target audience(s) for your message)

Children K-3 of diverse geographic, cultural, and socioeconomic backgrounds

For what outcome or benefit? (what do you want to accomplish?)

Students K-3 and their families with diverse cultural backgrounds will feel included in the Read for Your Library initiative through programs that emphasis their culture's contributions to Idaho. Children who live outside the library's service area will be given free Summer Reading library cards so they can participate in our Read for Your Library school partnership initiative.

After acting upon my message, my target audience will have a change in (check one or more)**:**
- ☐   Attitude
- ☐   Skill
- ☑   Behavior
- ☐   Knowledge

How will that change come about?

By offering a special Summer Reading program children and their families will be drawn to the library to learn about their cultural contributions to Idaho. Families will apply for the free cards and their children will participate in the Read for Your Library Summer Reading initiative. Children will be inspired to read with a promise of special school programs for the classes that sign up the most summer readers.

Library Services and Technology Act

Target Demographics

Target Groups	Source
Underserved Children **Number in your** □ **town or** □ **zip code (s)**	http://factfinder.census.gov/ --see Economic Characteristics http://www.sde.idaho.gov/iri/iristats/IRIAnalysis.asp Or list other source:
Children of diverse geographic, cultural, and socioeconomic backgrounds **Number in your** □ **town or** □ **zip code(s)**	http://factfinder.census.gov/ --see Social Characteristics & Economic Characteristics http://www.sde.idaho.gov/iri/iristats/IRIAnalysis.asp Or list other source: **Hispanic/Latino**: Under 18 and above 5: 296 (Census); K-3: 47 (IRI) **Poverty Level:** Under 18 & above 5: 264 families (Census); Title I: K-3- 177 (IRI) Total K-3 enrollment: 1391
Underserved Adults **Number in your** □ **town or** □ **zip code (s)**	http://factfinder.census.gov/ --see Economic Characteristics Or list other source:
Adults of diverse geographic, cultural, and socioeconomic backgrounds **Number in your** □ **town or** □ **zip code (s)**	http://factfinder.census.gov/ --see Social Characteristics Or list other source:
Digital natives **Number in your** □ **town or** □ **zip code (s)**	http://factfinder.census.gov/ --see Social Characteristics or General Characteristics Or list other source:
Individual with disabilities **Number in your** □ **town or** □ **zip code (s)**	http://factfinder.census.gov/ –see Social Characteristics Or list other source:
Individuals with limited functional literacy or information skills **Number in your** □ **town or** □ **zip code (s)**	http://factfinder.census.gov/ –see Social Characteristics Or list other source:

Your Program Model—Sample

Inputs (What do you need to have in place before you initiate your program activities?)

Read for Your Library initiative acceptance	Summer Reading Web Page
Program presenter and space	Support staff
School staff support	Digital camera
Program supplies and decorations	Temporary position job description
Publishing software program and printer	Training for staff to use publishing software

Activities (What do you need to develop or create before you launch your marketing campaign?)

Develop agreement with school to track kids	Update web site
Visit classrooms to promote Summer Reading	Create presenter contract
Design and print school fliers, posters	Develop free Summer Reading card form
Write & place PSAs and news releases	Deliver 3 classroom programs @ 7 schools
Buy program supplies and decorations	Deliver Special Summer Reading program
3 classroom programs for 7 "winning" schools	Hire temporary staff from agency

Services (What product will you deliver to your customer as a result of your marketing campaign?)

One special Summer Reading program for kids and their families; 3 classroom programs for 7 schools;
Opportunities to participate in the Read for Your Library initiative

Outputs, Indicators, Timing & Goals (What and how will you measure that will indicate you have been successful? How many people do you need to reach to be successful?)

Measurement 1

What will you measure?	Program attendance
What will that measure show?	Interest in cultural contributions
When will you measure?	After program
How many people will change?*	300 attendees or 150 percent increase in attendance at Hispanic Culture Program

*Include the number and percent based upon your target group demographics or if an existing program, the increase number and percent.

Measurement 2

What will you measure?	Number of targeted school summer reading enrollments
What will that measure show?	Summer Reading enthusiasm at partner level
When will you measure?	At the end of the Read for your Library sign ups
How many people will change?*	7 or 100 percent of elementary schools will participate; 835 or 60% K-3 students will enroll

*Include the number and percent based upon your target group demographics or if an existing program, the increase number and percent.

Sample Marketing Plan

Project:	Read for Your Library to the Max!

Target Audience:	K-3 students at all seven elementary schools

Needs/Benefits:

Customer Problem	Library Solution
I live outside the library service area	Get your free Summer Reading card today!
I don't like school	Summer Reading is all about fun!
I feel left out	Join Read for Your Library and be part of the team!

Message:

Read for Your Library to the Max!

Calling all kids! Your school library needs you to read over the summer to help us win $200 in books! To get you started, the public library will give everyone a card for Summer Reading. But there's more! The classes who sign up the most kids to Read for your Library get a Welcome Back to School Celebrations! Sponsored by your library and Read to Me, a service of the Idaho Commission for Libraries.

Partners

Seven elementary school principals, librarians and teachers; Idaho Commission for Libraries

Sample Marketing Plan– **list what activities (articles, fliers, website postings, mailings, etc.) will be done**

When & What	Where	Topic
Month: March		
▪ ICFL Read Contest		Acceptance into program
▪ School partnerships	7 schools	Read for your Library

▪ Presenter contract		1 Summer Reading; 7 school celebrations
● Board Approval		Summer Reading card for 100 children
● Temp Staff Contract		20 hours wk for 6 weeks
Month: April		
▪ Flier/posters	Schools	Read for your Library
▪ Article	Newspaper	Tie into student success
▪ Interview	Radio/TV	Tie into student success
▪ Website	Library	Update Summer Reading
▪ PSAs	To all Media	Read for your Library, Free Summer Reading card
▪ Free card insert	School Newsletter	Free Summer Reading Cards
▪ Presentation	Schools	Read for your Library & Summer Reading
▪ Student Counts	School	Number of sign ups
Month: May		
▪ Article	Newspaper	Special Summer Reading Program
▪ Interview	Radio/TV	Special Summer Reading Program
▪ Program		Hispanic Culture In Idaho
Month: September		
▪ Article	Newspaper	Read for Your Library winners
▪ Interviews	Radio/TV	Read for Your Library winners
▪ Article	School Newsletter	Read for Your Library winners
▪ Class programs	Elementary School 1 - 7	Hispanic Culture in Idaho

Advocacy Grant Application: Sample Summary Budget

Applicant: Wonderful Library   Project: Read

We will have parents sign the "free Summer Reading card" application and submit those to the

	For what?	By When?	LSAT Grant	Local Match	Total
Contracts (list vendors):*					
Program presenter	Hispanic Culture – Summer Reading Program	15-Mar	$ 200.00	$ 100.00	$ 300.00
Temp Library Staff (120 hrs)	Program Support	15-May	$1,440.00		$1,440.00
Class storyteller	21 Hispanic culture story times	6-15 May	$1,050.00		$1,050.00
Personnel (list positions):**	N/A				
Materials/ Supplies (list items):					
Summer Reading Program	Decorations: piñatas, crafts	15-May	$ 200.00	$ 200.00	$ 400.00
Class presentations	Decorations: piñatas, crafts	15-Aug	$ 300.00		$ 300.00
Web/Print (list projects):					
Summer Reading Program	Posters & fliers (printing)	15-Apr		$ 100.00	$ 100.00
Free Summer Reading card form	3 month free library card	15-Apr		$ 10.00	$ 10.00
Other (list other costs):					
Incidentals	Special program (Friends)	5-Jun		$ 100.00	$ 100.00
Publisher software	Posters & fliers	15-Mar	$1,000.00		$1,000.00
Software training	Publisher	30-Mar	$1,500.00		$1,500.00
Fee Summer Reading cards (3 months)	100 (2005 ICFL stats@ $54/4=$14)	30-May		$1,400.00	$1,400.00
		TOTALS	**$5,690.00**	**$1,910.00**	**$7,600.00**

Idaho Commission for Libraries as proof of match. Costs of the cards will be based upon the latest published Idaho Public Library Statistics from the Idaho Commission for Libraries.

We are attaching contract quotes from the program presenter, employment agency, and class storyteller. We are also attaching software and software training prices.

Note: Local match is 25 percent overall, not necessarily in each category.

      Feel free to add or delete rows as needed.

*   Vendors must provide an estimate of costs and will be required to sign a CERTIFICATION REGARDING DEBARMENT for your records.

**   If your budget includes personnel costs, provide a breakdown using the PROJECT RELATED PERSONNEL COSTS form

Program Purpose (complete this form as part of your application)

We do what ? (The services and activities of the program you want to market)

For whom? (Your target audience(s) for your message)

For what outcome or benefit? (what do you want to accomplish?)

After acting upon my message, my target audience will have a change in (check one or more)**:**

- ☐ Attitude
- ☐ Skill
- ☐ Behavior
- ☐ Knowledge

How will that change come about?

Target Demographics

Target Groups	Source
Underserved Children **Number in your** ☐ **town or** ☐ **zip code (s)**	http://factfinder.census.gov/ --see Economic Characteristics http://www.sde.idaho.gov/iri/iristats/IRIAnalysis.asp Or list other source:
Children of diverse geographic, cultural, and socioeconomic backgrounds **Number in your** ☐ **town or** ☐ **zip code(s)**	http://factfinder.census.gov/ --see Social Characteristics & Economic Characteristics http://www.sde.idaho.gov/iri/iristats/IRIAnalysis.asp Or list other source:
Underserved Adults **Number in your** ☐ **town or** ☐ **zip code (s)**	http://factfinder.census.gov/ --see Economic Characteristics Or list other source:
Adults of diverse geographic, cultural, and socioeconomic backgrounds **Number in your** ☐ **town or** ☐ **zip code (s)**	http://factfinder.census.gov/ --see Social Characteristics Or list other source:
Digital natives **Number in your** ☐ **town or** ☐ **zip code (s)**	http://factfinder.census.gov/ --see Social Characteristics or General Characteristics Or list other source:
Individual with disabilities **Number in your** ☐ **town or** ☐ **zip code (s)**	http://factfinder.census.gov/ –see Social Characteristics Or list other source:
Individuals with limited functional literacy or information skills **Number in your** ☐ **town or** ☐ **zip code (s)**	http://factfinder.census.gov/ –see Social Characteristics Or list other source:

Your Program Model—Inputs (What do you need to have in place before you initiate your

program activities?)

Activities (What do you need to develop or create before you launch your marketing campaign?)

Services (What product will you deliver to your customer as a result of your marketing campaign?)

Outputs, Indicators, Timing & Goals (What and how will you measure that will indicate you have been successful? How many people do you need to reach to be successful?)

Measurement 1

What will you measure?	
What will that measure show?	
When will you measure?	
How many people will change?*	

*Include the number and percent based upon your target group demographics or if an existing program, the increase number and percent.

Measurement 2

What will you measure?	
What will that measure show?	
When will you measure?	
How many people will change?*	

*Include the number and percent based upon your target group demographics or if an existing program, the increase number and percent.

Marketing Plan

Project:

Target Audience: K-

Needs/Benefits:

Customer Problem	Library Solution

Message:

Partners

Marketing Plan—list what activities (articles, fliers, website postings, mailings, etc.) will be done

When & What	Where	Topic
Month:		
Month:		
Month:		
Month:		
Month:		

Advocacy Grant Application: Summary Budget

Applicant:

      Project:

	For what?	By When?	LSTA Grant	Local Match	Total
CONTRACTS (list vendors):*					
			$	$	$
			$	$	$
			$	$	$
PERSONNEL (list positions):**					
			$	$	$
			$	$	$
MATERIALS/ SUPPLIES (list items):					
			$	$	$
			$	$	$
			$	$	$
			$	$	$
			$	$	$
			$	$	$
			$	$	$
			$	$	$
		TOTALS	$	$	$

Note: Local match is 25 percent overall, not necessarily in each category.

    Feel free to add or delete rows as needed.

*   Vendors must provide an estimate of costs and will be required to sign a CERTIFICATION REGARDING DEBARMENT for your records.

**   If your budget includes personnel costs, provide a breakdown using the PROJECT RELATED PERSONNEL COSTS form

Idaho Commission for Libraries:
Measuring Success of Marketing Plan Implementation

The Idaho Commission for Libraries is measuring the success of this grant program. Please fill in your baseline data as part of the marketing implementation grant submission and be prepared to report the numbers and percentage change as part of your final report.

1. How much did your overall circulation change because of your marketing effort? Please give specific numbers:

Baseline circulation*	Increase/decrease over baseline	Percentage change

2. How much did your overall patron visits (in person and/or electronic) change because of your marketing effort?

Baseline visits*	Increase/decrease of baseline	Percentage change

3. How much did your library card registration change because of your marketing effort?

Baseline registration*	Increase/decrease of baseline	Percentage change

* Baseline data can come from the same time period from the prior year or from a period before the marketing campaign and a period after the marketing campaign (i.e., one month before your campaign measured against the month after your campaign).

Please be prepared to answer these questions as part of your final report:

4. Did you increase the library's visibility through the project?

5. For city libraries, did your allocation increase over last year? If yes, by how much?

6. Are you planning another marketing/advocacy project? If yes, how will it be funded?

PROJECT RELATED PERSONNEL COSTS *(Refer to page 16-17 for assistance)*

Length of project

duration in weeks= _____ (A)

SALARIES

Position Title	(B) Total # of Hrs/wk. Usual & Customary for this position	(C) # of additional Hours/wk due to grant	(D) Total Hrs/wk. B + C (cannot exceed 40 hrs. / wk.)	(E) Hourly Rate usual & customary for each position	(F) Total Salary (B+CxAxE) *	(G) Added Salary due to grant (CxAxE) *	(H) LSTA Amt. (Additional Hrs. Only) (G) LSTA (75%)	(I) Local Match Amt. (Additional Hrs. Only) (G) Local (25%)
Total Salaries								

Fringe Benefits

Position	Unemployment Insurance on a % of Payroll Basis only .001 **	Worker's Comp Rate .0046	FICA Rate = .0765	Retirement Rate =	Health Insurance Rate =	Other Rate =	Total Benefits

* Enter Salary and Benefit totals on the Proposed Budget for LSTA and Local Match.

** Unemployment insurance must be paid from the grant on a percent of payroll basis. For libraries paying insurance on a cost basis, any claim costs are the responsibility of the library.